

## **Purpose**

The Department will make a reasonable effort to establish Temporary Transitional Duty (TTD) assignments whenever possible based on work loads and personnel considerations, and will meet requirements of the treating physician, or "Preferred Provider". TTD assignments will provide meaningful work for the injured employee. An employee who is offered a TTD assignment shall be required to accept that offer in order to retain employment in the Department.

## **Policy**

It shall be the policy of the Department to return employees who are injured on the job to productive work as early as possible during their recovery. TTD will be considered on a case by case basis in coordination with the Department's Human Resource Office, Risk Management Section, the Case Management Team (CMT), Return to Work Team (RWT) and in compliance with State Division of Risk Management and Americans With Disabilities guidelines. TTD duties may or may not be a full 40 hours per week depending on the medical release and/or the duties that are available. A TTD agreement will define the Return to Work conditions.

## **Background**

This policy has been developed in compliance with Administrative Rules, the State Division of Risk Management's rules and in coordination with Workers' Compensation Fund of Utah and good business practice.

## **Definitions**

ADA: Americans With Disabilities Act of 1990

Case Management Team (CMT): A team that is established to review the return to work requests and make recommendations to management. The CMT may include RDS/R Manager, Region Administrative Coordinator, staff from the Human Resource Office, State Office of Risk Management, UDOT Risk Management Section, Workers' Compensation, Long Term Disability and others as necessary.

RDS/R Manager: Region/District Safety/Risk Manager

Return To Work Team (RWT): May include RDS/R Manager, Region Administrative Coordinator, employee's immediate supervisor, and others as necessary. The Return To Work Team for the Complex will include the UDOT Risk Claims Specialist, Human Resources, employee's immediate supervisor, and others as necessary.

TTD: Temporary Transitional Duty

## **Procedures**

**Return to Work**

**UDOT 05D-3.1**

**Responsibility:** Employee

**Actions**

1. Obtains a release to return to work by a physician or Preferred Provider. Any work restriction(s) shall be in writing and will be subject to review by the Department with the physician, based on the essential functions of the employee's job classification prior to actually returning to work. If the employee returns to work with no restrictions a release from the physician is still required before starting the first work day.

**Responsibility:** Return to Work Team

2. Reviews the physician's work release and recommended temporary restrictions to determine if the Essential Job Functions can be performed. Where it appears the physician had no knowledge of the job functions, the team will contact the physician and provide a copy of the essential job functions. Any modified release to return to work will be evaluated based on the essential functions.
3. Where an employee is approved to participate in the Return to Work Program, a Temporary Transitional Agreement will be signed by the employee and the immediate supervisor.
4. Will be responsible to evaluate the employee within 30 days of TTD assignments and consult with the physician when necessary to secure a final decision whether to return the employee to normal full duties. When the physician's 30 day evaluation justifies continued TTD assignments, the case shall be reviewed at least every 30 days.

**Responsibility:** Case Management Team

5. Reviews injury or illness related cases as needed, may recommend ergonomic study of position when needed. Will advise the Return to Work Team as to possible work related solutions, and/or alternatives.

**Responsibility:** Employee

6. Completes TTD assignment and obtains a release with no restrictions from the doctor to return to the essential functions of original position. If the employee can not obtain a release with no restrictions to return to the original position, the employee may request an ADA accommodation by contacting the UDOT Risk Manager. If the employee can not perform the essential functions of original position with or without an accommodation, the employee can apply for another position for which the employee qualifies. This request should be for the first vacant position for which the employee is qualified in the employee's region/group when possible. However, in no case will the Department be required to promote the employee in response to an ADA request.
7. Can apply for other positions within UDOT for one year after the last day worked. The employee should contact their Administrative Coordinator or the Department's Human Resource Office and request that recruitment bulletins be sent to them.
8. Can apply for other state positions outside UDOT by completing a resume and sending it to the Department of Human Resource Management's Skill Match Recruitment Program.
9. If the employee can not return to his/her original position and other assignments are not available, the employee should apply for Long Term Disability and/or seek employment outside of UDOT.

## TEMPORARY TRANSITIONAL AGREEMENT

I, \_\_\_\_\_, understand that I am being placed in a temporary transitional position with the Utah Department of Transportation and that I will be temporarily assigned duties in Region/Group \_\_\_\_\_ at Station \_\_\_\_\_. The following conditions will apply while in this assignment: \_\_\_\_\_. I will do other duties as assigned by my supervisor. This assignment is being done as determined by medical directives.

I understand that my signing this agreement does not affect the status of my permanent FTE position, I also understand that the temporary duties agreed to in this transitional agreement do not in themselves constitute a permanent budgeted position. I further understand that I will work the days and hours as scheduled with my supervisor. I will continue to be paid at the same hourly rate as in my previous position. If Workers' Compensation Fund of Utah is involved, the rate will be apportioned.

This assignment will exist during the following dates:

Start: \_\_\_\_\_  
30 Day Review: \_\_\_\_\_  
Projected End  
Date: \_\_\_\_\_

I understand that an ongoing review of my condition and status will be conducted. Status changes between any party will be communicated to all parties involved.

_____ Employee Name	_____ Date
_____ Region/Group Director or designee	_____ Date
_____ Supervisor	_____ Date
_____ Region Risk Manager	_____ Date

cc: UDOT Risk Management